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PATENT  
TUT01 P-101

VIA FACSIMILE NO. (703) 872-9326

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Examiner : Casandra Hope Davis  
Applicant : J. Robin Tuttle  
Serial No. : 10/656,485  
Filed : September 5, 2003  
Group : 3611  
Confirm. No. : 8636  
For : ADVERTISEMENT/PAMPHLET HOLDER

OFFICIAL

Commissioner for Patents  
P. O. Box 1450  
Alexandria VA 22313-1450

Dear Sir:

CERTIFICATE OF FACSIMILE TRANSMISSION

I certify that the following papers are being facsimile transmitted to the Patent and Trademark Office on the date shown below:

1. Certificate of Facsimile Transmission Cover Page (1 Page)
2. Response to Office Action mailed April 7, 2004 (11 Pages)
2. Claims as Amended Fee Calculation Sheet (1 Page)

*15 m*  
YOU SHOULD RECEIVE A TOTAL OF 14 PAGES.

Dated: July 7, 2004.

*Catherine S. Collins*  
Catherine S. Collins  
Van Dyke, Gardner, Linn & Burkhart, LLP  
P.O. Box 888695  
Grand Rapids, MI 49588-8695  
(616) 975-5500

CSC:lmse:wcn  
Enclosures

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Group Art Unit : 3611  
 Examiner : Cassandra Hope Davis

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 Alexandria VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as shown below:

CLAIMS AS AMENDED

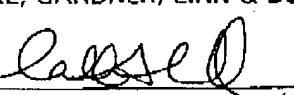
	Col. 1 Claims Remaining After Amendment	Col. 2 Highest No. Previously Paid For	Col. 3 Present Extra	Small Entity Rate	Other Than a Small Entity Rate	Other Than a Small Entity Add'l Fee
Total Claims	23	Minus	20	= 3	x \$9	\$
Independent Claims	2	Minus	3	= 0	x \$43	\$
First Presentation of Multiple Dependent Claims \$145						\$
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$ 27.00

- Small entity status of this application 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted or is enclosed.
- No additional fee is required.
- A check in the amount of \$        is attached.
- Please charge \$27.00 and any additional fees or credit overpayment to Deposit Account No. 22-0190.

VAN DYKE, GARDNER, LINN & BURKHART, LLP

Date: July 7, 2004.

By:

  
 Catherine S. Collins  
 Registration No. 37 599  
 2851 Charlevoix Drive, S.E., Suite 207  
 Grand Rapids, Michigan 49546  
 (616) 975-5500

CSC:wen  
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CLAIMS AS AMENDED

	Col. 1	Col. 2	Col. 3	Small Entity	Other Than a Small Entity			
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	23	Minus	20	= 3	x \$9	\$	x \$ 18	\$ 27.00
Independent Claims	2	Minus	3	= 0	x \$43	\$	x \$ 86	\$ 0.00
First Presentation of Multiple Dependent Claims \$145							\$	x \$290
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT							\$	\$ 27.00

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RESPONSE

In response to the Office Action mailed April 7, 2004, having a three-month period of response ending July 7, 2004, Applicant wishes to amend his application as follows: